

Business Name: FootPrints Home Care

Address: 4811 Hardware Dr NE d1, Albuquerque, NM 87109

Phone: (505) 828-3918

FootPrints Home Care

FootPrints Home Care offers in-home senior care including assistance with activities of daily living, meal preparation and light housekeeping, companion care and more. We offer a no-charge in-home assessment to design care for the client to age in place. FootPrints offers senior home care in the greater Albuquerque region as well as the Santa Fe/Los Alamos area.

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4811 Hardware Dr NE d1, Albuquerque, NM 87109

Business Hours

- Monday thru Sunday: 24 Hours

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Families frequently reach me when they are straddling a hard option: keep Mom at home with assistance, or move her into assisted living. The care concerns typically come covered in the same concern, how will we spend for it, and for the length of time. The ideal response is seldom one-size-fits-all. It depends on health requirements, the home's design, household bandwidth, area, and, obviously, financial resources. Getting clear on financing and preparation puts the decision on firmer ground.

This guide unloads what home care service and assisted living normally expense, where the cash originates from, and how to develop a financial plan that holds up under stress. I will weave in a couple of real-world examples and pitfalls I see households experience. If you are weighing in-home senior care against a relocation, the objective here is easy, figure out which course provides the best value for your scenario and how to pay for it sustainably.

What you are actually purchasing: apples-to-apples on care scope

Home care, often called senior home care or elderly home care, indicates aid brought into the client's home. It varies from buddy care to hands-on care like bathing, dressing, toileting, meal preparation, and light housekeeping. Many firms also provide transport to appointments and medication reminders. Care is billed per hour, often with a minimum shift length. You manage the schedule, which is the most significant lever for cost.

Assisted living is a residential setting where staff offer individual care, meals, housekeeping, activities, and 24-hour oversight. Residents live in their own houses or suites. Think of it as a blend of real estate, hospitality, and care. Nursing services are limited. If medical complexity goes up, memory care or an experienced nursing center might be necessary.

This distinction matters for budgeting. Home care is highly flexible, more hours equals more expense, fewer hours equates to less cost. Assisted living is semi-fixed, a base rate plus care-level charges that rise with the resident's needs. There are also move-in costs, community costs, deposits, and periodic à la carte add-ons.

Typical costs by region and care level

Costs vary by market, agency, and facility, but some ranges hold up across the United States. For home care service, the national typical hourly rate for agency-provided individual care typically sits between 28 and 40 dollars. Metropolitan seaside areas run higher, rural markets lower. Most firms require 3 to 4-hour minimum shifts. Over night and holidays normally carry premiums.

Assisted living base rates generally fall between 3,500 and 6,500 dollars monthly for a studio or one-bedroom, with food and basic services included. Care levels contribute to that, frequently 400 to 2,000 dollars more per month depending upon how many ADLs, activities of daily living, are assisted. Memory care, a secured environment with specialized staffing, typically starts 1,000 to 2,500 dollars above basic assisted living.

A practical method to compare is to approximate your home care hours. If a mom and dad needs help for morning and night regimens, 2 hours two times a day, seven days a week, that is approximately 28 hours weekly. At 35 dollars per hour, you are taking a look at about 4,200 dollars per month. If security concerns need a caregiver present 12 hours daily, expenses leap towards 12,000 to 13,000 dollars monthly, which exceeds numerous assisted living rates. On the other hand, if the person grows at home with 12 to 16 hours per week of help plus family support, home care is generally more economical and preserves the familiar environment.

The sources of funding most households piece together

Most families construct a mosaic. One person's strategy may make use of Social Security, a little pension, long-lasting care insurance, and home equity. Another may rely on the VA pension plus assistance from adult children. Public programs exist, however coverage and eligibility are nuanced.

Medicare. Traditional Medicare does not pay for long-lasting custodial care, whether at home or in assisted living. It covers medical services, rehab after a qualifying hospital stay, and short bouts of home health for competent requirements under a plan of care, think wound care, physical treatment, or injections. These are intermittent and do not replace day-to-day help with bathing or cooking. I duplicate this carefully however firmly because misconceptions derail budgets, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-term care for those who fulfill both financial and functional criteria. Each state runs home- and community-based services waivers that can fund in-home care, adult day services, or, in some states, assisted living. Slots may be limited. Financial eligibility looks at earnings and properties, with rules about spousal protections and a look-back duration on transfers. It deserves conference with an elder law lawyer to understand spend-down methods that stay within the law. For some households, Medicaid preparing opens resilient choices that would otherwise be out of reach.



Veterans benefits. Veterans and surviving partners might get approved for the VA's Help and Participation pension, which can balance out costs for home care or assisted living if the applicant requires aid with everyday activities. The regular monthly advantage can reach into the low thousands. Eligibility depends on service, medical requirement, income, and assets, with a look-back for possession transfers. Additionally, the VA uses Homemaker and Home Health Assistant programs that can position assistants in the home through VA-contracted firms, particularly for registered veterans.



Long-term care insurance coverage. Policies differ extremely. Some cover only facility care, others home care and assisted living. Anticipate removal periods, everyday or month-to-month advantage caps, and lifetime optimums. Modern policies are frequently cash advantage or reimbursement models. Claims require a physician's statement validating requirement for assist with [in-home care](#) at least two ADLs or supervision due to cognitive disability. When policies pay correctly, they can be the hinge that keeps somebody in your home or opens a much better assisted living option.

Private pay. Cost savings, retirement accounts, pensions, and income streams normally fund the early months or years. The guideline I use, if predicted care expenses go beyond regular monthly income by more than 25 to 30 percent, you need a plan to bridge that space long-term, either via insurance, advantages, home equity, or a relocate to a more inexpensive setting.

Home equity. Families typically overlook the home as a financing tool. Reverse home loans can transform a portion of equity into money without a needed monthly payment, as long as the customer continues to live in the home and pay taxes and insurance. A home equity credit line may make sense if payments are budget friendly and the timeline is short. Offering the home to money assisted living sometimes aligns with the care strategy and the household's preferences, particularly when your home requires expensive safety modifications.

Tax strategies. If a physician licenses that a person is chronically ill and a strategy of care exists, long-lasting care expenses might be tax-deductible as medical expenditures, subject to thresholds. Some long-term care insurance premiums are deductible within internal revenue service limitations. If adult kids contribute to a moms and dad's

care and meet dependence criteria, deductions sometimes apply. This is a location to evaluate with a tax professional, due to the fact that when regular monthly care costs run 4 to eight thousand dollars, even partial deductions matter.

When home care makes monetary sense and when it strains the budget

I worked with a family in Ohio whose mother required assist with bathing twice a week, light housekeeping, and transportation after a fall. A senior caregiver came 3 afternoons and one morning, totaling 12 hours a week. The cost averaged 1,600 dollars a month. Her Social Security and pension covered most of it, and the daughter filled in the rest with meal prep and weekly grocery runs. The math worked, and more notably, the mother's routines continued intact. This is the sweet spot for in-home care.

Contrast that with a widower living alone with moderate dementia. He began roaming and leaving the stove on. To keep him at home, the household arranged two day-to-day shifts plus overnight guidance. Even with lower rates in their area, regular monthly expenses crossed 10,000 dollars. The tension on scheduling, call-outs, and oversight grew. When they explored assisted living with a memory care wing, the all-in expense had to do with 7,500 dollars month-to-month. After the relocation, his safety improved, and the household rebalanced their budget with the proceeds from selling his house.

The break-even point tends to show up between 40 and 60 hours of weekly home care. Below that range, home care is often the much better value and maintains autonomy. Above it, assisted living might provide security and 24-hour protection at a lower or similar cost.

The hidden costs that trip people up

Home care and assisted living both come with expenses that do disappoint up on the very first billing. For at home senior care, spending plan for caregiver no-shows and the requirement for backup, company minimums that create paid time even when the task is brief, mileage charges for errands, and a higher hourly rate for nights or weekends. Include home modifications, a grab bar here, a ramp there, perhaps a walk-in shower conversion, and recurring costs like medical alert systems.

In assisted living, keep an eye out for care level creep. A resident might go into at Level 1 care and within a year require Level 3, which includes hundreds to thousands per month. Medication management is frequently billed per med pass or per medication. Incontinence materials may be billed by the facility at retail or greater. Transport to outdoors consultations typically incurs a fee. Yearly lease increases of 3 to 8 percent are common, and some neighborhoods examine market-rate boosts on turnover or after a specific period.

How to read agreements and rate sheets with a hesitant eye

I motivate households to approach both firm arrangements and community residency agreements with a checklist and a highlighter. Request rate sheets in composing, and verify what activates a care level modification. Demand clearness about notification periods, deposit refund terms, and what occurs if the resident is hospitalized. For home care, clarify minimum hours per visit, cancellation policies, and whether the quoted per hour rate fluctuates by time of day. For assisted living, ask how many wake staff are on duty in the evening, how call systems work, and if staffing ratios differ by care level. The response impacts both care quality and your true cost.

If you are working with privately rather than through a company, factor in payroll taxes, employees' compensation protection, and backup coverage. The per hour rate might be lower, however you handle company obligations. I have actually seen households come out ahead in either case, it depends upon trusted scheduling, liability defense, and your capability to handle payroll and supervision.

Funding paths that integrate well

A thoughtful strategy often layers several sources. A veteran might get Help and Attendance that covers a 3rd of an assisted living costs, long-term care insurance coverage covers another third, and income fills the remainder. A widow with a mortgage-free home might use a reverse mortgage credit line to money 4 years of part-time home care while applying for a Medicaid waiver to take over after that. Another family might front-load personal pay in an assisted living neighborhood that later on accepts Medicaid conversion, preserving continuity while alleviating the long-lasting financial load.

Timing matters. If you anticipate Medicaid will be necessary, speak with an elder law lawyer early. Asset transfers outside the look-back window give you more flexibility, and effectively structured annuities or spousal rejection techniques in particular states can secure a well partner. With VA benefits, start the application ahead of a relocation if possible. The procedure can take months, and a retroactive payment is helpful however does not change capital throughout the wait.

Real expenses, real numbers: three composite scenarios

A retired teacher in Phoenix lives alone and drives during the day however fights with bathing after shoulder surgery. She generates senior home care three mornings a week for individual care and laundry. Firm rate is 34 dollars per hour, four-hour minimums, for a regular monthly average of 1,632 dollars. After three months, she drops to 2 mornings a week, cutting the costs to around 1,088 dollars. Self-reliance remains high and expenses taper with recovery.

A couple in their late 80s in New Jersey has one spouse with Parkinson's and the other with moderate cognitive disability. Family lives out of state. They attempt 12-hour daytime protection, seven days a week, at 38 dollars per hour, totaling roughly 13,000 dollars month-to-month. Nighttime falls and wandering trigger a reassessment. They move into a two-bedroom assisted living house at 8,900 dollars each month plus Level 2 look after 1,200 dollars and med management at 300 dollars, all-in around 10,400 dollars. They offer their home, bank the earnings, and avoid staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia receives VA Aid and Participation at a bit over 2,000 dollars monthly. He pays 28 dollars per hour for in-home care, 20 hours per week. Regular monthly expense has to do with 2,240 dollars, practically entirely offset by the VA benefit. Adult kids cover groceries and backyard care. After 2 years, night wandering boosts, and the family transitions him to memory care at 6,200 dollars monthly. His Help and Attendance continues, decreasing the out-of-pocket to around 4,200 dollars up until a Medicaid application is approved.

The emotional side of the spreadsheet

Budgets tell part of the story, but individuals use the costs. I have seen adult children attempt 24-hour protection with a patchwork of relatives and neighbors. It works for a couple of weeks, in some cases months, up until someone gets ill or a work schedule modifications. Burnout expenses marriages and tasks, and it hardly ever shows up in the initial strategy. When developing your financial design, place a number on respite. Purchase

backup hours through a home care service. Reserve a short-stay space in assisted living if your location offers it. It is not indulgence. It is how the strategy stays intact.

Likewise, weigh the value of neighborhood. Some clients spend less on medical crises after moving into assisted living because they eat much better, hydrate, and socialize. Others grow in your home when the best senior caretaker ends up being a relied on presence, lessening stress and anxiety and hospitalizations. Stability conserves money. Whichever path yields stability for your loved one generally shows the much better monetary decision, even if the line products look greater on paper.

Building a resilient financial plan

Start with a full photo of requirements. List ADLs that require assistance, cognitive status, mobility, and safety issues. Draw up the home. If there are stairs to the only bathroom, budget for either a stair lift or schedule adjustments that reduce nighttime threat. Ask the medical care doctor for a written functional evaluation. It will help with long-lasting care insurance claims, VA benefits, and Medicaid screening.

Inventory possessions and earnings. Consist Of Social Security, pensions, annuities, financial investments, and real estate. Note liquidity. A brokerage account funds care faster than land. Recognize potential benefit eligibility, VA service records, prior long-term care insurance coverage, and state Medicaid limits. Then, anticipated 2 to 3 scenarios, stay at home with 12 to 16 hours of weekly care, stay home with 40 to 60 hours of care, transfer to assisted living with Level 1 care and with Level 3 care. Layer in a 3 to 5 percent yearly cost increase.

One technique I motivate is a staged plan. For example, commit to 6 months of in-home care at a set variety of hours, with a check-in to reassess after installing safety functions and seeing how the person responds. Develop trigger points for a relocation, uncontrollable wandering, two falls within a month, or caregiver exhaustion. Pre-tour assisted living choices so you understand schedule, expenses, and which places accept Medicaid after a private pay duration. Put deposits and waitlists into your timeline if necessary.

Finally, set up the mechanics. If using a firm, link billing to a credit card with benefits or cash back, and pay it off to keep liquidity. If submitting VA or insurance coverage claims, get paperwork habits right from the first day, signed day-to-day care notes, billings, care strategy updates. If checking out a reverse home mortgage, speak with a HUD-approved counselor and include the family in the terms so there are not a surprises later.



The function of location and regional market quirks

Within the exact same state, neighboring counties can differ by 20 percent or more on rates. Backwoods may have fewer firms, which implies less flexibility and possibly higher minimums. Urban cores may have more competition and services but greater base rates. Assisted living neighborhoods in resort-like locations lean towards features that you might not need but still pay for. Memory care accessibility can be tight in some markets, which changes timing and working out leverage.

Call a minimum of 3 home care companies for quotes, then inquire about real caretaker accessibility at your requested times. Lovely rate sheets do not assist if no one can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit throughout a meal, speak to current citizens and households, and ask the executive director how frequently locals move to higher care levels within the first year. That single data point often predicts your real expense curve better than any brochure.

Two quick tools that help households compare

- A side-by-side cost calendar. Put a blank monthly calendar next to a printed neighborhood rate sheet. Fill the calendar with real hours required for home care, including weekend protection and travel time. Do the mathematics, then include home maintenance and energies. On the rate sheet, include base lease, care level, med management, deposits, and yearly increase presumptions. Seeing both paths on paper clarifies truth.
- A funding waterfall. List earnings sources at the top and care expenses at the bottom, then draw lines showing which funds pay which expenses, and for how long, under 3 situations. This becomes your talking file with siblings, consultants, and the care team.

When to bring in outside professionals

Good elder law lawyers, geriatric care supervisors, and advantages professionals typically save more than they cost. An attorney can structure properties within Medicaid guidelines and head off pricey mistakes. A care manager can right-size the care plan, assess the home for safety, and simplify firm coordination. Independent insurance representatives who understand long-lasting care policies can push through stalled claims by arranging documents and speaking the providers' language.

I advise families to talk to these specialists the very same method they do firms and communities. Ask about cost structures, response times, and examples of comparable cases. Good help in complex systems changes results and reduces long-term costs.

A short word on principles and household dynamics

Money choices are likewise worths decisions. Some moms and dads place a high premium on staying in their home, even if it costs more. Others want to preserve assets for a partner or for successors and are comfortable moving sooner. Adult children disagree, specifically when one kid supplies most of the overdue care. If your household can, put the concerns on paper. Is the objective to make the most of time at home, decrease risk, protect properties, or decrease family tension. You can not enhance all of them simultaneously. Calling concerns makes trade-offs less painful.

Bringing it together

Choosing between in-home care and assisted living is not a binary choice permanently. Lots of households begin with in-home support, then shift to assisted living when requires boost. Others move into assisted living for a year or 2 to support health, then return home with a robust home care service strategy. What keeps the plan healthy is disciplined monetary planning, realistic assessment of care needs, and flexibility.

If you keep in mind nothing else, keep in mind these essentials. Medicare does not spend for long-lasting custodial care. Medicaid might, however rules matter and timing matters. VA advantages are effective for qualified veterans and spouses. Long-term care insurance is just as great as your documentation and understanding of the policy. Home equity is a tool, not a last option. And above all, the ideal strategy is one your family can sustain, emotionally and financially, over time.

Whether you choose senior home care with a trusted senior caretaker or a well-matched assisted living neighborhood, you are purchasing security, dignity, and connection. Build your budget plan around those results, and the dollars will follow with less surprises.

FootPrints Home Care is a Home Care Agency

FootPrints Home Care provides In-Home Care Services

FootPrints Home Care serves Seniors and Adults Requiring Assistance

FootPrints Home Care offers Companionship Care

FootPrints Home Care offers Personal Care Support

FootPrints Home Care provides In-Home Alzheimer's and Dementia Care

FootPrints Home Care focuses on Maintaining Client Independence at Home

FootPrints Home Care employs Professional Caregivers

FootPrints Home Care operates in Albuquerque, NM

FootPrints Home Care prioritizes Customized Care Plans for Each Client

FootPrints Home Care provides 24-Hour In-Home Support

FootPrints Home Care assists with Activities of Daily Living (ADLs)

FootPrints Home Care supports Medication Reminders and Monitoring

FootPrints Home Care delivers Respite Care for Family Caregivers

FootPrints Home Care ensures Safety and Comfort Within the Home

FootPrints Home Care coordinates with Family Members and Healthcare Providers

FootPrints Home Care offers Housekeeping and Homemaker Services

FootPrints Home Care specializes in Non-Medical Care for Aging Adults

FootPrints Home Care maintains Flexible Scheduling and Care Plan Options

FootPrints Home Care is guided by Faith-Based Principles of Compassion and Service

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FootPrints Home Care won Top Work Places 2023-2024

FootPrints Home Care earned Best of Home Care 2025

FootPrints Home Care won Best Places to Work 2019

People Also Ask about FootPrints Home Care

What services does FootPrints Home Care provide?

FootPrints Home Care offers non-medical, in-home support for seniors and adults who wish to remain independent at home. Services include companionship, personal care, mobility assistance, housekeeping, meal preparation, respite care, dementia care, and help with activities of daily living (ADLs). Care plans are personalized to match each client's needs, preferences, and daily routines.

How does FootPrints Home Care create personalized care plans?

Each care plan begins with a free in-home assessment, where FootPrints Home Care evaluates the client's physical needs, home environment, routines, and family goals. From there, a customized plan is created covering daily tasks, safety considerations, caregiver scheduling, and long-term wellness needs. Plans are reviewed regularly and adjusted as care needs change.

Are your caregivers trained and background-checked?

Yes. All FootPrints Home Care caregivers undergo extensive background checks, reference verification, and professional screening before being hired. Caregivers are trained in senior support, dementia care techniques, communication, safety practices, and hands-on care. Ongoing training ensures that clients receive safe, compassionate, and professional support.

Can FootPrints Home Care provide care for clients with Alzheimer's or dementia?

Absolutely. FootPrints Home Care offers specialized Alzheimer's and dementia care designed to support cognitive changes, reduce anxiety, maintain routines, and create a safe home environment. Caregivers are trained in memory-care best practices, redirection techniques, communication strategies, and behavior support.

What areas does FootPrints Home Care serve?

FootPrints Home Care proudly serves Albuquerque New Mexico and surrounding communities, offering dependable, local in-home care to seniors and adults in need of extra daily support. If you're unsure whether

your home is within the service area, FootPrints Home Care can confirm coverage and help arrange the right care solution.

Where is FootPrints Home Care located?

FootPrints Home Care is conveniently located at 4811 Hardware Dr NE d1, Albuquerque, NM 87109. You can easily find directions on [Google Maps](#) or call at [\(505\) 828-3918](tel:5058283918) 24-hours a day, Monday through Sunday

How can I contact FootPrints Home Care?

You can contact FootPrints Home Care by phone at: [\(505\) 828-3918](tel:5058283918), visit their website at <https://footprintshomecare.com>, or connect on social media via [Facebook](#), [Instagram](#) & [LinkedIn](#)

[Antiquity Restaurant](#) provides a warm, accessible dining experience — perfect for a comforting night out even while receiving in-home care or assisted support.